

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/		/		/	
4	/		/		/	
5	/		/		/	
6	/		/		/	
7	/		/		/	
8	/		/		/	
9	/		/		/	
10	/		/		/	
11	/		/		/	
12	/		/		/	
13	/		/		/	
14	/		/			
15	/		/			
16	/		/			
17	/					
18	/					
19	/					
20	/		/		/	
21	/		/		/	
22	/		/		/	
23	/		/		/	
24	/		/		/	
25	/		/		/	
26	/		/		/	
27	/		/		/	
28	/		/		/	
29	/		/		/	
30	/		/		/	
31	/		/		/	
32	/		/		/	
33	/		/			
34	/		/			
35	/		/			
36	/					
37	/		/		/	
38	/					
39	12		9		8	
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	10	↓	17	↓	15	↓
TOTAL DEP.	40	→	45	→	40	→
TOTAL CLAIMS	50	62	55	58	55	60